

## **Supplemental Application Data Sheet**

### **APPLICATION INFORMATION**

Application Number::	10/573,302
Filing Date::	March 22, 2006
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	LOWER LEG ORTHOSIS
<u>Attorney Docket Number::</u>	<u>43087-103892</u>
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

## **APPLICANT INFORMATION**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Gad  
**Middle Name::**  
**Family Name::** Alon  
**Name Suffix::**  
**City of Residence::** Rockville  
**State or Prov. of Residence::** MD  
**Country of Residence::** US  
**Street of mailing address::** 12023 Montrose Village Terrace  
**City of mailing address::** Rockville  
**State or Province of mailing address::** MD  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 20852

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Mark  
**Middle Name::** S.  
**Family Name::** Hopkins  
**Name Suffix::**  
**City of Residence::** Baltimore  
**State or Prov. of Residence::** MD  
**Country of Residence::** US  
**Street of mailing address::** 2121 Bank Street  
**City of mailing address::** Baltimore  
**State or Province of mailing address::** MD  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 21231-2718

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23644  
Phone: 312-357-1313  
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E-mail Address: clarcher@btlaw.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number: 23644

Representative Designation:                      Registration Number:                      Representative Name:

## **DOMESTIC PRIORITY INFORMATION**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application is a	National Stage of	PCT/US2004/022715	06/30/2004
which	Claims the benefit of	60/504,430	09/22/2003

## **FOREIGN APPLICATION INFORMATION**

Country:	Application Number:	Filing Date:	Priority Claimed
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## ASSIGNEE INFORMATION

Assignee name:: University of Maryland, Baltimore  
Street of mailing address:: 520 West Lombard Street  
City of mailing address:: Baltimore  
State or Province of mailing address:: Maryland  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21201-1602

Assignee name:: Dankmeyer, Inc.  
Street of mailing address:: 825 D. Hammond Ferry Road  
City of mailing address:: Linthicum  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21090-1355